



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Redstacks
Address:	36 Heads Lane Hessle East Yorkshire HU13 0JH

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Janet Lamb	0 5 0 5 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Redstacks
Address:	36 Heads Lane Hessle East Yorkshire HU13 0JH
Telephone number:	01482640068
Fax number:	01482647533
Email address:	Redstacks@redmore1.karoo.co.uk
Provider web address:	

Name of registered provider(s):	Mrs Audrey Zeane Redmore
Type of registration:	care home
Number of places registered:	14

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	14
old age, not falling within any other category	0	14
Additional conditions:		
Date of last inspection		

Brief description of the care home

Redstacks is a privately owned care home that is part of a local organisation. The home is a large old house set in its own grounds and has been extended to provide accommodation for 14 older people who may have memory impairment. It is situated in a residential area of Hessle and is well maintained and decorated. Fees paid range from £405.00 to £490.00 per week, and there is an additional charge for hairdressing, private chiropody, toiletries and newspapers.

Communal accommodation consists of two lounges and one dining room. Private accommodation consists of 12 single bedrooms and 1 twin bedroom. Good quality furniture and furnishings are provided throughout the home. People are able to bring their own possessions into the home to personalise their rooms.

The garden has been specially designed to provide a safe environment for people and it is easily accessible via various exits. People can access the first floor of the premises

Brief description of the care home

via a stair lift and a passenger lift. There is a car park at the front of the premises.

Information can be obtained from the home on request in the form of a statement of purpose and a service user guide.

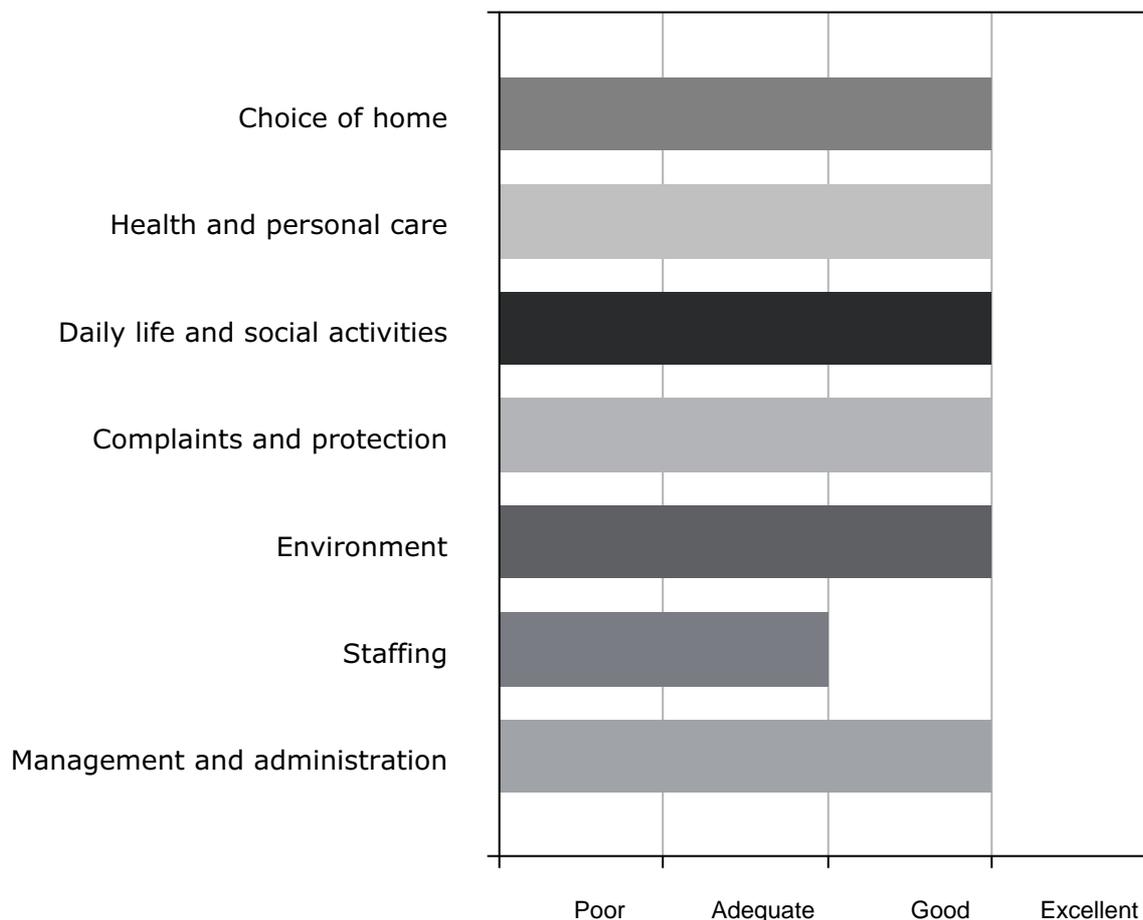
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The key inspection of Redstacks took place over a period of time. We have been receiving notifications and correspondence from the home since the last inspection. We sent an Annual Quality Assurance Assessment (AQAA) to the home in March 2009, which should have been returned in April. This was returned to us but was misplaced for a period of time. It has now been located and is accepted as being received on time. We sent out surveys to the home for people living there and the staff to tell us what it is like to be cared for or to care at Redstacks.

We used the information we already have to determine what it could be like living there and then Janet Lamb carried out site visits to test these views on 5th and 11th May. This involved discussion with some people living there, the deputy manager, the

administrator and some staff. It also involved observing some of the practice and interactions between people and between people and staff, and viewing some of the files, documents, records and certificates held and maintained within the home.

What the care home does well:

People have their care needs well assessed to determine what help they need. There are good, clear plans of care in place to inform staff of the action to take to assist people to meet those needs. People also have good health care plans in place to show what health interventions they need, and the support they receive from health care professionals is well accessed and recorded.

People have very good access to family and friends and to some opportunities to undertake pastimes and activities. They are encouraged to make choices wherever possible and to determine their own lifestyle and to control their own finances.

People enjoy good nourishing and satisfying meals and can request alternatives if necessary. They have a good variety of meals throughout the week, made from local produce.

People are able to make complaints openly and have them resolved quickly, although they say they have very little cause to complain. People are also well protected under the home's systems for handling and referring safeguarding issues, although again they say they are very well looked after.

People have the benefit of a well maintained and decorated and a very comfortable environment to live in. The accommodation is suitable for its stated purpose.

People are cared for and supported by a sufficient number of staff on each shift throughout the day and night. There are sufficient ancillary staff employed to cater and clean. The staff are appropriately recruited according to requirements of the regulations.

People benefit from a satisfactory quality monitoring system that informs the home how good a service it is providing. They are also protected financially by the home's systems, policies and procedures for handling money.

Finally people have their health, safety and welfare satisfactorily promoted and protected because of systems and practice in place to keep the home safe.

What has improved since the last inspection?

People have benefited from an improvement in the staffing levels.

What they could do better:

The home could make sure staff administering medication have updated training and an annual competence check of their performance, and that all of this is recorded.

The home could make sure all staff have updated training in safeguarding adults and an annual competence check of their understanding of their responsibilities, and that all of this is recorded.

The home could make sure it informs the Commission of any recommendations made by local fire service and environmental health officer, that have been attended to and

met.

The home could have more staff with the recommended qualifications for their roles, and make sure staff only start working in the home when they have received their full security check. It could also update staff training more frequently.

The home could make sure there is more direction and management from the registered manager in the absence of the newly appointed manager. It could make sure the fire risk assessment document is updated and reviewed annually.

The home could make sure electrical equipment is tested in line with required legislation and it could make sure any accident in the home while using equipment is reported to the H&S Executive as required under regulations for reporting accidents, and inform the Commission under its regulations.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have a good assessment of their personal and health care needs carried out, so they are confident needs are well met.

Evidence:

Discussion with people in the home, the deputy manager, administrator and staff and viewing of files and documents with permission of the people they refer to shows people have their care and support needs properly assessed.

People spoken to could not remember having had assessments of need carried out, but they recall there are files and documents containing information on them and are willing for us to view these. The two files seen contain completed 'profile assessments' of need, which list 26 items for consideration. Items 1 to 12 cover such as name, address, a basic description of the person, and admission details. Items 13 to 26 cover care needs, and abilities, such as communication, health, mobility, medication,

Evidence:

behaviour, leisure etc. There are also accompanying risk assessment documents numbering 1 to 10 and covering walking, transferring from chair, to wheelchair, to the toilet, getting in and out of a bath, and in and out of bed. The last four risk items are left blank to add personal and more specific risk tasks/areas.

There are no admissions under the intermediate care system so standard 6 is not applicable.

The home's statement of purpose and service user guide are still available to provide information to prospective people, but these were not viewed or assessed. Contracts of residence were not assessed either.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have good care and health care plans in place, containing good diverse and individual information to instruct staff in meeting their needs. People are well protected by medication systems though evidence of staff competence in this area is lacking. People have their privacy and dignity very well upheld and respected.

Evidence:

Discussion with people, the deputy manager and staff and viewing of documents and files shows people have satisfactory care plans and health care plans in place, that there are some shortfalls in the medication handling systems and that people are treated respectfully.

Care plans seen with permission of the people they refer to contain an admission form as mentioned in the previous section. They also contain 10 areas of need for staff to action and a section that shows information noted on any changes experienced, and if the action plan is to be changed.

Evidence:

Care plans are evidenced as being followed from information provided in the diary notes, monthly summaries and records of such as GP visits, hospital attendances, weight, toileting and food charts etc. and only as necessary. One person says, "I need help with getting in the bath, but I use my frame to get myself to the toilet. The staff are very good, they noticed I was finding it difficult to get all the way round my bed to the en-suite in time, so they suggested a move around of furniture. It has helped very much."

Health care needs are covered in general care plans. Care plans are reviewed monthly and twice yearly formally, as required in line with council procedure and Commission legislation. Any specialist health care need is noted as being the main responsibility of the District Nursing Service, Community Psychiatric Nursing Service etc. as necessary, and staff cooperate and follow instructions on these.

There are diary notes, district nursing notes, charts and risk assessments, as well as care plan review minutes to show how health care needs are actioned and how needs are met. The home has its own review report that shows views of the placement, the actual care plan, key worker's views, client and relative's views, health needs and changes, finances and any problems regarding a person's care. There are details about any attempts to resolve problems, there are written conclusions and comments and finally details of the next review date.

Files also hold hospital and health care letters, details of optician visits and medication prescription information.

There is a medication policy and procedure in place. Actual practice follows medication guidelines and the staff administering medicines have training to do so, though this needs attention to bring everyone's training up to date.

Medicines are stored in a locked medicine trolley in an appropriate place. The home is supplied with a 'monitored dosage system' from Newington Chemist. One new lady's medication also prescribed in the same system, is out of sequence with the rest of the medicines in the home. This will be resolved by the pharmacist in time.

There are specimen signatures available from staff that give out medicines and 'medication administration record' sheets are completed properly. There are two people taking controlled drugs at the moment. These are also stored appropriately and a new register is in use, showing two staff signatures on administration, and the stock control.

Only senior staff give out medicines. Systems and practices seem good, though we

Evidence:

were unable to observe a medication round as none are given at midday. People say they are happy with arrangements. One says, "The home looks after my tablets. Sometimes I think I get tablets I don't really need, like paracetamol throughout the day." The maintaining of levels of pain relief were explained to the lady. Another says, "My medicines are held in the home, but I am happy with this because the staff can remember better than I do about taking them."

We are told Newington Chemist also supplies the training. One new staff is soon to do the course, June 2009. Staff in interview and training files could not back up the medication training done, however. Evidence in files shows training is outdated and so there needs to be a system of competence checking all staff once a year and retraining every three years. Two staff files seen show one has no evidence of medication training, as she did it so long ago and the other is the person booked onto the course in June 2009, as she is still in her 6 month probationary period. Two more files were therefore seen and these show one staff has not done training, as she is not a senior, and the other staff did her training in June 2005. Therefore all staff designated to administer medication need their training updating. A system of competence checking and recording needs putting in place each year as evidence of competence.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People enjoy good opportunities to engage in some pastimes in the home or in the community, though outings could be a little more frequent. They have good social contact with their relatives and friends, and they have good opportunities to be self-determining. People have a good variety of food provision and are well fed.

Evidence:

Discussion with people in the home, the deputy manager and staff shows standards continue to be well met in this section.

People enjoy satisfactory social contact and community contact. There is plenty of information available for people on what happens in the area and staff keep people informed through conversation. People usually go out of the home with family, friends or such as volunteers from church etc. There are many visitors to the home as seen on the day of the site visit. Six relatives, one hairdresser and two people to look round the home knocked on door and received a very good reception from the home's administrator, who presents as a very good ambassador for the home.

There is a weekly activity plan displayed in the home. Activities in house include

Evidence:

television, radio, conversation, visits from relatives, bird feeding and watching, walks around or sitting in the garden and cards, dominoes and jig-saws on occasion. One person attends a day centre. There are records in diary notes as evidence of the activities people undertake.

One lady says she never goes anywhere, not even down to the lounge now to meet up with others, but has her telephone and rings her friends and family whenever she wants to. Another says she does very little and would like to go out more, but would be afraid to go out alone. She and another lady enjoy walking round the garden.

Autonomy and choice are quite well exercised and people are encouraged to be self-determining. People choose when to rise, go to bed, what they eat, how they dress and who they relate to etc., though some that are less capable of deciding rely on staff to support and prompt them.

People are encouraged to handle their own finances if able, otherwise the policy of the home is that relatives are expected to handle money. The home does handle small amounts of money for a few people in a safekeeping facility, but usually everything is billed to relatives, laid out in advance by the home and reimbursed. Two checks on finances show systems to be satisfactory. People say they are quite satisfied with the arrangements for handling their finances, and especially for their relatives to be in control.

Meals and food provision are also satisfactory according to what people say. People say they very much enjoy the food they receive, are able to request an alternative if they do not like the menu on offer and are usually very well fed. Meals are at set times in the day and lunch usually includes three courses of soup, meat and vegetables followed by pudding. On the day of the site visit there was minced beef with dumplings, mashed potatoes, cabbage and gravy, with peach sponge and custard for dessert.

The cook produces the menus seasonally and makes changes according to any dislikes, but does offer a wide variety of meals, often on a trial basis. People have recently enjoyed fish pie and sausage pie. The cook shops on line for all the main dry stores and uses local butchers, fishmongers and grocers for fresh produce on a weekly basis. She often seeks people's views on what they would like or what changes they should like to see.

There is a dining area in each lounge so people do not have to mobilise far and tables are well set with condiments, cloths, place mats etc. Those people requiring assistance at meal times are supported sensitively and without any fuss. The meal time observed

Evidence:

was a social occasion and everyone was well cared for.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have the benefit of good, effective systems in place to enable them to make representations, complaints and compliments and to have them handled well. They also have good systems in place to protect them from harm or to report any incident of alleged or actual abuse. People are confident they are listened to and are protected.

Evidence:

Discussion with people in the home, the deputy manager, administrator and staff and viewing of documents and records show the home continues to operate responsibly where complaints and safety of people is concerned.

There is a complaints policy and procedure in place. People are informed of this via the home's statement of purpose and service user guide. Systems will soon need updating to show that East Riding of Yorkshire Council is the complaint investigator for all complaints that cannot be satisfied by the home. The written policy and procedure to investigate complaints are appropriate. There are records of complaints held in a designated file, but none have been received since before the last key inspection two years ago. The home carries out a monthly analysis of complaints and compliments that it receives. Two compliments have been logged this year, one from a visiting GP and one from people living in the home about food. Staff in interview present as confident in dealing with complaints or in passing them to the manager or senior in charge.

Evidence:

There is also a policy and procedure and the Hull & East Riding Safeguarding Adults Board protocol in place. There is a record of safeguarding referrals held and this was seen but none have been recorded since before the last key inspection. Staff say they have done safeguarding training though some time ago or in another job, but they present as understanding their responsibility to protect people and to pass information onto the appointed safeguarding teams within the councils. Training evidence was not seen in files, however and of four files viewed one staff has only been in post since March 2009 and is yet to do all of the mandatory training, another has done vulnerable adults awareness in November 2007, and the other two have no evidence of safeguarding training at all. Therefore a recommendation is being made to make sure all staff undertake refresher training in safeguarding, with an external source where possible, and then have their knowledge and competence checked in handling safeguarding issues on an annual basis. All training undertaken and competence checks carried out need recording. It is suggested that external training in safeguarding be given every three years.

People spoken to say they have no reason to complain, but would talk to the senior staff or the manager if they had. People also say they feel safe and secure in the home, and if unhappy about anything would inform staff or their family. People present as being very sure they are treated well.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People enjoy and benefit from a well maintained environment that is safe, clean, hygienic and comfortable, so they are confident they have a good home to live in.

Evidence:

Discussion with people in the home, the deputy manager, administrator and staff, and viewing of some communal areas and some private areas of the home and the laundry show the house is well maintained, clean, safe and comfortable.

The house location and layout is suitable for its stated purpose of providing care and accommodation to older people who may have a memory impairment. There is an appointed maintenance person who monitors and records any areas needing repair or replacement, and these are recorded when noted and when carried out. The house is well decorated and maintained. There is a pleasant and well kept garden to the rear of the property where people can walk or sit in the better weather and where they can tend the raised flower beds if inclined.

The home complies with the requirements and recommendations of the local fire service and environmental health department, having had visits from them in August 2008 and February 2009. Fire recommendations made were to change heat detectors to smoke detectors, and to fit cold smoke seals in fire doors, while environmental

Evidence:

health recommendations were to make sure food and meat is not re-heated. As far as we are aware these recommendations have been and are being met.

There is an infection control policy in place and staff in interview say they have completed infection control training though certificate evidence was not viewed. Their practice observed was good. Staff have good access to personal protective equipment to ensure their safety and to reduce the risk of cross infection.

The laundry is suitable for purpose and meets the requirements of the Water Supply (Water Fittings) Regulations 1999. Surfaces are cleanable and impermeable and equipment has hot wash temperatures with sluicing facilities.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are well cared for and supported by a sufficient number of staff on duty each shift, some with good skills and qualifications to meet their needs. More staff could be qualified. Staff are adequately recruited, though there is room for improving the safety of people in the home by making sure staff only start working with a full security check. People are cared for by staff that have undertaken good training though much of this needs updating.

Evidence:

Discussion with people in the home, the deputy manager, administrator and staff and viewing of staff files, records and rosters show these standards are all being fairly well met, with some minor shortfalls.

Staffing levels of two carers, a cook, a cleaner and an administrator on the first day of the site visit and a deputy, two carers, a cook and an administrator on the second day, appear to be satisfactory to meet people's needs. At the moment the registered manager is managing another newly registered company service and has informed the Commission of this in writing. The appointed manager in her place, still to make an application for registered manager, is on long-term leave and so the deputy and seniors are covering the overall management of the service, with a company director supporting staff. For the maximum of 14 people living in the home two carers and a

Evidence:

senior appears to be sufficient staffing on day shifts to meet their needs. Catering and cleaning are not done by care staff.

The home expects new staff to undertake induction, mandatory training and qualifications of NVQ at level 2 and 3. Of the fifteen staff employed five are new and have yet to do the required training with Redstacks. A Health & Safety and First Aid course are planned for these staff though no one is sure of the date yet. There are 3 staff with and 1 doing NVQ 2, and 1 staff with and 2 doing NVQ 3. This gives the home 26% of staff with the required awards. Efforts need to continue to achieve at least 50% of staff with such an award or equivalent qualification.

There is a recruitment policy and procedure in place and practice follows these fairly well. Of the two staff files checked for adherence to the requirements of regulations 18 and 19 and schedule 2, both are compliant with the exception of starting people in work on their initial security check. The obtaining of full security checks with the Criminal Records Bureau (CRB) is taking more than 3 months at the moment and so providers and managers are resorting to starting new staff with the initial check only being in place. Managers should make sure staff on initial security checks only, are fully supervised by a senior and their shifts are recorded, until the CRB proper becomes available.

Staff confirm the recruitment process and say CRBs are taking a very long time to be returned.

New staff training begins with induction and mandatory courses of fire, health and safety, assisting people to move, first aid, medication administration for seniors, infection control and safeguarding adults, all following the Skills For Care common induction standards. Then staff register for NVQs and eventually complete any specialist course to equip them to care for people with such as dementia, diabetes, Parkinson's etc. There are certificates of achievement displayed on the corridor walls though many of these are now over two and three years old. It seems that monitoring and arranging of training may have lapsed a little over the last year or two. We recommend a full audit of all training needs should be completed in the next two months and for courses and updates etc. to be set up. Staff training logs or records need to be maintained more regularly as evidence of training and updates completed.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a satisfactorily run home, that is run in their best interests, a good quality monitoring system, good financial protection, and appropriate systems for maintaining their health, safety and welfare.

Evidence:

Discussion with people in the home, the deputy manager, administrator and staff shows the home is being satisfactorily managed in respect of care, that quality monitoring is not a priority at the moment and that although people's finances are being well handled, the health, safety and welfare of people and staff is not being properly reported about.

There have been some changes in the management structure of the service in the last eight months resulting in the home being managed jointly by the deputy and a company director. The company informed the Commission of some of these changes in writing. A new manager appointed in September 2008 has yet to submit an application

Evidence:

to become registered.

Although she was on long-term leave the manager was able to attend part of the key inspection and informed us she has NVQ level 4 Registered Manager's Award, a BTEch First Diploma in Care, and a Children and Adult Social Care Diploma. She was undertaking NVQ level 4 in Management before going on leave and intends to complete it on her return. Some of the responsibilities for leading and managing the service have been lost resulting in some areas being affected. The Commission suggests the registered manager returns to spend at least one day a week in the home ensuring the management tasks are being completed, such as for example monitoring staff training, ensuring health and safety legislation around accidents is followed, and ensuring maintenance certificates and so on are renewed. The deputy is managing to maintain good general care responsibilities within the home and to oversee staff in their caring roles, and the administrator is doing a very good job of 'front line' public relations, but it appears some of the team that are missing are also being missed within the service.

There is a quality assurance system and a new 2009 file in place that shows the home intends to continue with monitoring of the service it provides. The outline of the system has been set up and each month the plan is to audit different areas of the care and environment etc. As part of the system the monthly analysis of complaints and compliments feeds into the gathering of information, and there is evidence of audits being carried out in February and March 2009, where people are asked about such as their satisfaction of personal care, room care etc. There is also evidence of reviewing the satisfaction of the entertainments provided over the past few months. The files for 2008 and 2007 are also available to check previous year's monitoring.

Money belonging to people in the home is mostly handled by themselves or their relatives, and only where a person has no alternative does the home handle small amounts for them in safe keeping. Checks were carried out on two people's finances and their balances tallied with the money held, receipts were maintained and the balance sheet showed date, cash in, out and what spent on, any refund back in and the final balance, with two staff signatures. People are encouraged to be self-determining where possible in respect of their finances.

Those spoken to say they are very satisfied with their family taking control and only need small amounts of cash on them for emergencies or impulse purchases. One says, "My daughter looks after my finances, and does it very well. She brings me so much each week, and when she thinks I need it, but as I never really go anywhere I do not need much." Any larger purchases have to be billed to family and reimbursed after being paid for by the home.

Evidence:

Health, safety and welfare of people and staff is satisfactorily managed, though there are some minor shortfalls evident. Areas looked at include fire safety, gas and electrical certificates, passenger and hoist maintenance, water temperatures, and accident reporting and recording.

There is a clear fire evacuation procedure posted around the home. There is a fire risk assessment document as produced by Peninsular, but it is a one page document, without a date and needs reviewing. Humberside Fire and Rescue Service last visited in August 2008 and made recommendations to replace heat with smoke detectors and to fit cold smoke seals in fire doors. These need confirming as being carried out. There is evidence that Image 2000 carried out a full fire safety check on all systems and equipment in November 2008. There are monthly lighting tests carried out and recorded and weekly alarm checks done and recorded. Fire safety training for 10 staff was completed in November 2007 and because this had not been updated in 2008 a new training session has been planned for May 2009. There is a fire drill log showing that monthly drills are held and all staff who are present sign to say so.

The landlord's gas safety certificate is current, December 2008. The last portable appliance test was carried out April 2007 and because this has not been updated in 2008, a new one is to be carried out at the end May 2009. Pickering Lifts last maintained the passenger lift and stair lift in September 2008 and March 2009.

The accident record held in the home is data protection compliant. Two entries show the mobile hoist tipped over while being used in January 2009 and the person in it sustained an injury, while a staff member had the hoist fall across their leg. Conversation reveals it was not reported to the Health & Safety Executive under accident legislation. The Commission recommends a report is made to the H&S Executive, that the hoist is safety checked and removed from use until deemed safe for use. Also if it determined staff used the hoist incorrectly they need retraining to prevent any further accidents. Information shows the hoist will be contract serviced by Pickering's Lifts in June 2009 as planned. The home is also recommended to make sure accidents are reported to the Commission under its regulations.

Water temperature checks from the bath outlets are carried out monthly and recorded and the boiler temperature is checked monthly and recorded.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	9	The registered provider should make sure staff designated to administer medication have updated training every three years and are competence checked annually, and evidence of all of this should be held, so people are confident they are administered their medicines safely.
2	18	The registered provider should make sure all staff receive external training where possible in safeguarding issues every three years, and are competence checked annually, so people know they are well protected from the risk of harm from neglect or abuse.
3	19	The registered provider should confirm to the Commission that recommendations made by the Fire Prevention Officer in August 2008 have been met, so people are confident they are protected from the risk of harm from fire.
4	31	The registered provider should make sure all care staff individual training and development plans are kept up to date and training completed is recorded, after an audit of their training needs has been carried out and courses have been set up, so people are confident they are supported by trained and skilled staff.
5	31	The registered provider should encourage staff to complete NVQ or equivalent courses to achieve at least 50% of staff

		with the award, so people are confident they are cared for by competent and skilled staff.
6	31	The registered provider should make sure all staff starting their post with a POVA 1st and without a full CRB check, and only in the event of an emergency, are given full supervision from a senior and that the activities of their shift are recorded, so people are confident they are supported by safe staff.
7	38	The registered provider should make sure PAT is carried out in line with the requirements of electrical safety legislation, so people are confident they are protected from the risk of harm.
8	38	The registered provider should make sure all accidents happening with the use of equipment are reported to the H&S Executive under RIDDOR, so people are confident they are safe from the risk of accidental harm.
9	38	The registered provider should make sure the home's fire risk assessment document is reviewed annually and dated when completed, so people are confident they are protected from the risk of harm from fire.

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